

TRANSFER NOTICE FOR PROTECTIVE PLACEMENT

INSTRUCTIONS: Use this form to report the following moves of persons placed pursuant to Chapter 55 Wis. Stats:

1. If the client is moved to a more restrictive environment, even if it is within the same facility
2. If the transfer requires an increase in expenditures to the County
3. Any other transfers of clients placed pursuant to a Chapter 55 order

The transfer need not be reported when it is to a hospital for general medical attention.

It is assumed the guardian is notified as a matter of concern to keep the guardian informed.

Name – Client (Last, First MI)	ID Number	Transfer Date

In compliance with Wisconsin Statute 55.06(9)(b) and (c) and HFS 134.33 Wisconsin Administrative Code, you are notified that the above named individual will be or was transferred. Upon petition or request to a court by a guardian, ward or attorney or other interested person specifying objections to a transfer, the court shall order a hearing within 96 hours after filing of the request / petition, to determine whether there is probable cause to believe that the transfer is consistent with the requirements specified in Sec. 55.06(9)(a) Wis. Stats. and is necessary for the best interest of the ward.

☐ Yes ☐ No This transfer is to a more restrictive environment

☐ Yes ☐ No This transfer is to a locked unit

Name, Address, Telephone Number of Facility / Unit Transferred From	Name, Address, Telephone Number of Facility / Unit Transferred To

Reason(s) For Transfer

SIGNATURE – Authorized Representative of Facility or Responsible County	Date Signed

DISTRIBUTION

ORIGINAL – Court
Copies Guardian Responsible County Facility